

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH and ADDICTION SERVICES**

**Independent Peer Review**

**Take notice** that the Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) hereby announces the availability of funds for credentialed substance abuse professionals to provide Independent Peer Review (IPR) for quality and appropriateness of treatment services of substance use treatment facilities funded by DMHAS.

**Synopsis:** DMHAS seeks up to three (3) qualified individuals to complete separate Individual Peer Reviews of substance use treatment facilities chosen by DMHAS in the North, South and Central regions of the State. Applicants must have a master's degree or doctoral degree and be an active Licensed Clinical Alcohol and Drug Counselor (LCADC) with three (3) years of experience in a clinical supervisory role in the modality of care to be reviewed that will include Outpatient and Intensive Outpatient Women with Dependent Children Set-Aside Programs. Applicants must be willing to travel to assigned agencies for one (1) to three (3) days of peer review of clinical services. At the end of each review, a full report must be submitted to DMHAS within ten (10) working days.

**Amount of Funding Available is a flat fee:** Up to three (3) reviewers will be selected, each qualifying for \$700 per day with a \$2,100 maximum per review. The maximum expense for this professional services contract across all reviewers will be no more than \$6,300 combined.

**Independent Peer Review Procedures:**

1. DMHAS will select agencies to be reviewed as part of the Substance Abuse Prevention and Treatment Block Grant IPR and inform them in writing of their selection.
2. Selected reviewers will be screened to rule out conflicts of interests prior to being assigned an agency. All selected reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating.
3. Selected reviewers will be required to complete a DMHAS fiscal package for services.
4. DMHAS will assign agencies to reviewers. Reviewers will not review their own programs or programs in which they have administrative oversight.
5. Reviewers will arrange date and time of review, within two (2) weeks of assignment.

6. Reviewers will utilize the DMHAS monitoring tool for the IPR.
7. Reviewers will adhere to all Federal and State confidentiality requirements.
8. Review will include assessment of:
  - admissions process, including intake and assessment;
  - treatment planning and implementation;
  - discharge planning, and;
  - documentation of treatment services, including treatment outcomes.
9. Completed IPR tool will be forwarded to DMHAS within ten (10) business days after the review and prior to September 30, 2014.
10. Peer reviewer will have no influence in funding decisions.

**Required Applicant Qualifications/Eligibility:**

1. Must be an active LCADC with a Master's or Doctoral degree.
2. Must have a minimum of three (3) years of experience in clinical supervisory role.
3. Must have clinical supervisory experience in the treatment modality chosen for review which is Outpatient and Intensive Outpatient Women with Dependent Children Set-Aside Programs.
4. Must demonstrate cultural competency.
5. Must have NOT been selected to be a DMHAS Independent Peer Reviewer in the previous IPR cycle.

**Application Package:**

1. Current resume
2. Application (see Appendix)
3. Copy of all licenses/credentials

Note: DMHAS will not accept any application package that does not include all items requested, including signature on the application.

**To apply, please send one (1) completed original application package and five (5) copies via United States Postal Service to:**

Helen Staton  
New Jersey Department of Human Services

Division of Mental Health and Addiction Services  
P.O. Box 700  
Trenton, NJ 08625-0700

**For Fed Ex, UPS, other courier service or hand delivery, please address to:**

Helen Staton  
New Jersey Department of Human Services  
Division of Mental Health and Addiction Services  
222 South Warren Street, 4<sup>th</sup> floor  
Trenton, NJ **08608**

Please note that if you send your application through United States Postal Service two-day priority mail delivery to the DMHAS' P.O. Box, your package may not reach DMHAS in two days. In order to meet the deadline, please send your package earlier than two days before the deadline or use a private overnight delivery service to DMHAS' street address.

Faxed or e-mailed application packages will not be accepted. You will NOT be notified that your application package has been received. If you require a phone number for delivery, you may use (609) 633-8781.

**Application Package Deadline:** Application packages must be received at DMHAS by 5:00 p.m. on May 21, 2014.

**Committee Selection Information:** DMHAS will convene a committee consisting of State government staff who will conduct a thorough and comprehensive review of each application package. Committee members may be unfamiliar with some or all of the applicants. All potential committee members will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating. Every effort will be made to ensure that Independent Peer Reviewers are representative of the various modalities utilized by the program under review. Applicants will be recommended for Peer Reviewer positions based on their score (highest score = most highly recommended) in relationship to expertise in the treatment modalities selected for IPR. Please note that applicants may be invited to interview for the position available at the discretion of the committee. Applicants chosen as Peer Reviewers will be contacted by DMHAS with their assignments.

**Notification Date:** All applicants will be notified in writing of their status by June 20, 2014.

**For Further Information:** Please contact Troy Hood at 609-984-0285.

# FFY 2014 Independent Peer Review Application

## New Jersey Department of Human Services Division of Mental Health and Addiction Services

Please complete and include a resume and photocopy of all credentials/licenses with your application. An original and five (5) copies of your entire application package must be received at DMHAS by 5:00 p.m. on May 21, 2014.

Attach additional sheets as needed.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and Address of Current Employer: \_\_\_\_\_

List current and past affiliations with any substance use treatment facility in the State of New Jersey: \_\_\_\_\_

\_\_\_\_\_

List three references who applicant evaluators may contact who can attest to your clinical and management skills. Please include telephone numbers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are the names of the colleges/universities that you have attended? \_\_\_\_\_

\_\_\_\_\_

List all degrees you have received from recognized colleges/universities: \_\_\_\_\_

\_\_\_\_\_

List all professional licenses and certifications: \_\_\_\_\_

\_\_\_\_\_

Please provide a description of your experience with the modality being reviewed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you think you will be a good Independent Peer Reviewer? \_\_\_\_\_

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Describe your prior experience with conducting peer reviews: \_\_\_\_\_

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Define how you are culturally competent i.e. trainings, work experience, life experience, etc.: \_\_\_\_\_

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Please answer the following:

1. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  
Yes      No
2. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  
Yes      No
3. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  
Yes      No
4. Have you ever been named as a defendant in any litigation related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  
Yes      No
5. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  
Yes      No
6. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  
Yes      No

7. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

Yes      No

If the answer to any of the above questions, numbers 1 through 7, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

**\*Please Note: Providing Information about your Gender and Race/Ethnicity is Optional\***

**Region of Residence:**     North     Central     South

**Gender:**  Male     Female

**Race/Ethnicity: (Check all that apply)**

Asian                       African American     Hispanic                       Native American  
 Caucasian                 Other \_\_\_\_\_

I hereby swear that the information provided in this application is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date